PATENT APPLICATION FEE DETERMINATION RECORT	PATENT	<b>APPLICATION</b>	FEE DETERMINATION RECORD
---	--------	--------------------	--------------------------

Effective October 1, 2000

**Application or Docket Number** 

G84064

								u	UTUOT			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	_ EN	NTITY	OR		R THAN ENTITY
TOTAL CLAIMS			31					E ]	FEE	7	RATE	FEE
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE 355.0		OR		<del>}</del>
TOTAL CHARGEABLE CLAIMS			mi	minus 20= '		• 11		X\$ 9=		OR	7/2/2	198.00
INDEPENDENT CLAIMS			♂ m	☑ minus 3 = *			X40=			1	V00	170.
MULTIPLE DEPENDENT CLAIM PR			LL		<b>L</b>			$\dashv$		OR	X80=	
* If the difference in column 1 is loss than zero enter "0" in column 2						+135	= ]		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA	L		OR	TOTAL	908. ec	
CLAIMS AS AMENDED - PART II							CMAI		*******	25	OTHER	
		(Column 1) CLAIMS	Province of	(Colur		(Column 3)	SMAL	.L =	NTITY	OR	SMALL	
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
QN	Total	*	Minus	**		=	X\$ 9=	-		OR	X\$18=	
AME	Independent	<u> </u> *	Minus	***		=	X40=	1		OR	X80=	
	HHS! PHESE	ENTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			$\dashv$		1		
							+135=			OR	+270=	
							TOTA ADDIT, FE			OR ,	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS	Transfer of the last of the la	(Colun		(Column 3)						
AMENDMENT B		REMAINING AFTER AMENDMENT	*****	HIGHI NUME PREVIC PAID F	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	•	=	X\$ 9=			OR	X\$18=	
	Independent	* ENTATION OF MU	Minus	***	01.4114	=	X40=			OR	X80=	
	THOTTHEGE	NIAHON OF WO	LIPLE DEF	'ENDEN I	CLAIM		+135=	1		OR	+270=	
		.1 -					TOTA ADDIT. FE			OR A	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
N	Total	*	Minus	**		=	X\$ 9=	1		OR	X\$18=	,
1ME	Independent		Minus	***	i i	=		+				
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		X40=	1	(	OR	X80=	
٠,	f the entry in colu	mn 1 is less than the	a antre in colu	0ia-	"An		+135=		C	OR	+270=	
•••	If the "Highest Nur If the "Highest Nur	mber Previously Pai mber Previously Pai mber Previously Paid ber Previously Paid	id For" IN THIS iid For" IN THIS	S SPACE is	less than	20, enter "20."	TOTAL ADDIT. FEE	┇┖			TOTAL DDIT. FEE	